NEW CONSUMER ACCOUNT APPLICATION

TYPE OF ACCOUNT: ☐ **CHECKING** ☐**SAVINGS**
☐INDIVIDUAL ☐JOINT ☐CUSTODIAL /MINOR ☐PAYABLE ON DEATH (POD) (BENEFICIARIES) ☐OTHER:

ACCOUNT OWNER INFORMATION

FIRST NAME: _____ **MIDDLE INITIAL:** _____ **LAST NAME:** _____
CITIZENSHIP STATUS: ☐U.S. CITIZEN ☐RESIDENT ALIEN # _____ ☐NON-RESIDENT ALIEN

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

PHYSICAL ADDRESS: _____ **CITY, STATE, ZIP:** _____

MAILING ADDRESS: _____ **CITY, STATE, ZIP:** _____
(if different from physical)

CELL PHONE: _____ **HOME PHONE:** _____ **EMAIL:** _____

DRIVER'S LICENSE #: _____ **ISSUING STATE:** _____ **ISSUE DATE:** _____ **EXP DATE:** _____

EMPLOYER NAME: _____ **WORK PHONE:** _____

OCCUPATION: _____ **SUPERVISOR:** _____

ADDITIONAL ACCOUNT OWNERS

FIRST NAME: _____ **MIDDLE INITIAL:** _____ **LAST NAME:** _____
CITIZENSHIP STATUS: ☐U.S. CITIZEN ☐RESIDENT ALIEN # _____ ☐NON-RESIDENT ALIEN

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

PHYSICAL ADDRESS: _____ **CITY, STATE, ZIP:** _____

MAILING ADDRESS _____ **CITY, STATE, ZIP:** _____
(if different from physical)

CELL PHONE: _____ **HOME PHONE:** _____ **EMAIL:** _____

DRIVER'S LICENSE #: _____ **ISSUING STATE:** _____ **ISSUE DATE:** _____ **EXP DATE:** _____

EMPLOYER NAME: _____ **WORK PHONE:** _____

OCCUPATION: _____ **SUPERVISOR:** _____

ONLINE ACCOUNT SERVICES		
CHECK IF INTERESTED IN EACH ACCOUNT OWNER	**Account Owner**	**Additional Owner**
E-Statements Receive your bank statement online and eliminate paper statements.	☐	☐
Bill Pay	☐	☐
Online Banking and Mobile Banking Access account balances, transfer money between accounts, send money by text or email, and conduct business on your mobile device. Message and data charges may apply.	☐	☐
Mobile Deposit Deposit checks right from your mobile device on your First State Bank App.	☐	☐

NEW CONSUMER ACCOUNT APPLICATION

ADDITIONAL NON-OWNER (BENEFICIARY) INFORMATION

FIRST NAME: _____ **MIDDLE INITIAL:** _____ **LAST NAME:** _____

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

FIRST NAME: _____ **MIDDLE INITIAL:** _____ **LAST NAME:** _____

SOCIAL SECURITY NUMBER: _____ **DATE OF BIRTH:** _____

ACCOUNT ACTIVITY

Deposits: ☐Cash ☐Checks ☐ ACH (DIRECT DEPOSIT) ☐ Wire ☐Mobile Deposit ☐ All

Withdrawals: ☐Cash ☐Checks ☐ ACH (AUTOMATIC WITHDRAWAL) ☐ Wire ☐ All

ATM Activity: ☐Cash Deposits/Withdrawals ☐Check Deposits

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING ACCOUNTS:

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, THE USA PATRIOT ACT REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON THAT OPENS AN ACCOUNT. FEDERAL LAW REQUIRES US TO OBTAIN SUFFICIENT INFORMATION TO VERIFY YOUR IDENTITY. WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, PHYSICAL AND MAILING ADDRESS, DATE OF BIRTH, TAXPAYER IDENTIFICATION NUMBER AND OTHER INFORMATION NEEDED TO IDENTIFY YOU. WE WILL ASK TO SEE YOUR DRIVER'S LICENSE AND OTHER FORMS OF IDENTIFICATION TO FULFILL THIS REQUIREMENT. IN SOME INSTANCES, WE MAY USE OUTSIDE SOURCES TO CONFIRM THE INFORMATION.OUR PRIVACY POLICY AND FEDERAL LAW PROTECT THE INFORMATION YOU PROVIDE. *IF OUR INSTITUTION IS NOT ABLE TO VERIFY THE IDENTITY OF THE OWNER(S) OF THIS ACCOUNT WITHIN A REASONABLE TIME, IT MAY, AT ANY TIME, IN ITS SOLE DESCRETION, WITHOUT PROVIDING ADVANCE NOTICE, CLOSE THE ACCOUNT.*

HOW DID YOU HEAR ABOUT US?

☐REFERRAL? _____ ☐INTERNET AD? _____ ☐WORD OF MOUTH? _____

☐OTHER? _____

APPLICATION AGREEMENT

I CERTIFY THAT THE INFORMATION COMPLETED ON THIS APPLICATION AND ON ANY ATTACHMENTS IS CURRENT AND ACCURATE. I AUTHORIZE FIRST STATE BANK TO VERIFY THE INFORMATION AND TO OBTAIN FURTHER INFORMATION CONCERNING MY CREDIT HISTORY AND STANDING, DEPOSIT ACCOUNTS MAINTAINED AT OTHER INSTITUTIONS, AND EMPLOYMENT HISTORY. I ALSO UNDERSTAND THAT FIRST STATE BANK WILL RETAIN THIS ACCOUNT APPLICATION WHETHER OR NOT THIS ACCOUNT IS APPROVED AND OPENED.

PRIMARY APPLICANT SIGNAUTRE: _____ **DATE:** _____

SECONDARY APPLICANT SIGNAUTRE: _____ **DATE:** _____

FOR OFFICIAL USE ONLY

Opening Information:

☐Account Owner Telecheck ☐Additional Account Owner Telecheck ☐Approved: ☐Declined

☐In person, all parties present ☐In person, not all parties present ☐ Other:

Amount of Deposit: $	Source of funds: ☐Cash ☐Check ☐Loan Proceeds ☐Transfer ☐ Foreign Check:

Branch:	Employee:	Date:

Account Type:

☐CHECKING: ☐E-SIMPLE ☐FLEX ☐NOW ☐SUPER NOW ☐FIRST RATE ☐MONEY MARKET ☐ACTIVE ASSETS ☐MONEY MATTERS ☐GO DEVIL ☐SUPER GO DEVIL

☐SAVINGS: ☐REGULAR ☐SUPER SAVER ☐CHILDRENS ☐CHRISTMAS CLUB

☐IRA / TERM:

☐CERTIFICATE OF DEPOSIT / TERM:

Bank Services:

☐CHECKS ☐DEBIT CARD ☐MOBILE DEPOSIT ☐ONLINE BANKING/MOBILE BANKING